

INTRODUCTORY STATEMENT

by
 Granville A. Bennett
 Surgeon (R), USPHS
 Acting Medical Gas Officer, OCD, Washington, D. C.

My remarks this morning should be brief because I have been assigned time later on in the course to explain the purpose of this school and to discuss the problem of setting up subsequent courses of instruction for physicians in your local communities.

First of all, I would like to use this opportunity to make a few acknowledgements.

I bring from Dr. Baehr, the Medical Director of the Office of Civilian Defense, his thanks to all of you for taking these three days to attend this instructor's course for physicians. We all appreciate your willingness to participate in this undertaking.

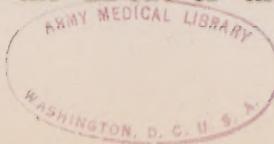
I would also like to express the appreciation of the Washington office to Dr. Coulter, Regional Medical Officer of the Sixth Region and to Dr. Hunt, Regional Medical Officer of the Seventh Region, for their invaluable aid in getting this school together, and to Mr. Cary, your Regional Sanitary Engineer for both of these regions, who has had so much to do with the local arrangements. A further word of appreciation is due Dr. Franklin McLean of the University of Chicago. He has arranged for your faculty covering the scientific part of the program. Dr. McLean has provided us with a group of teachers, most, if not all of whom, have been doing research work in the field of chemical agents of warfare, and I am sure that that part of the program is going to be very interesting and very instructive.

JUL 20 1950

Some of you may have wondered why the Office of Civilian Defense is interested in putting on such a program as the one beginning this morning. No one knows whether or not chemical warfare agents will be used in this war. However, we may feel reasonably sure that the best way to invite the use of such agents upon our civilian population is to do nothing toward an adequate defense against them.

In Great Britain, as many of you know, preparations for a chemical warfare attack were made long in advance of the actual beginning of war. They had carried out a great deal of instruction. Gas Masks had been issued. They had set up a certain number of decontamination stations. As you know, gas has not been used against them. It is entirely possible that the preparation they had made may have been one of the reasons why gas was not used. In any case, the threat of the use of chemical warfare

M-5084



80944

agents is believed to be very real. If an effective defense is to be set up it should be accomplished in advance of an emergency. Otherwise, there will be confusion and a waste of time and effort. The need of providing training long in advance of any impending danger was clearly indicated last spring when it became known that the Japanese were moving in the direction of our Western coast. At that time there had been but little preparation for defense against chemical warfare attack upon our civilian population in the western states. A considerable number of army gas masks were made available to civilians and an intensive training program was provided as rapidly as possible for the protection of the civilian population. It is hoped that through the present type of schools we can more logically and effectively train our people in civil gas defense.

Tomorrow afternoon I am scheduled to talk to you at some length about the type of instruction that we hope you men will give to physicians in your respective states.

At this time I would like merely to point out that the instruction which is being carried on throughout our country is of two major types:

- (1) the medical instruction such as you are receiving here and such as you will provide for other physicians in courses in your own state communities;
- (2) courses in the War Department Civilian Protection Schools for the training of non-medical gas officers.

Much of the teaching in this and your own subsequent courses will be based on the information from the last war. However, it should be possible to use this same channel of instruction to pass on new information regarding the effects of gases and the up-to-date management of gas casualties.

As an example, I might call attention to the recent release on the nitrogen mustards which is contained in this Training Circular #86. It is possible to rapidly pass this information on to the local physicians through the channels established in our previous schools even though the nitrogen mustards were not mentioned in the courses of instruction previously given. There will, no doubt, be new and important releases as time goes on, especially if gas warfare should at any time be undertaken in the present conflict.

We are distributing for your use a number of booklets, operations letters and mimeographed sheets which should aid you in following the present course and in your subsequent teaching assignments.

One booklet, namely, First Aid in the Prevention and Treatment of Chemical Casualties, that is being given out will soon be replaced by a new and improved edition. This new booklet will be sent to you as soon as the printing has been completed. There are three errors in the present pamphlet that should be noted. One of them, on page 16, has to do with the use of hydrogen peroxide in the eyes. Hydrogen peroxide should never be used in the eyes because it is itself injurious. On page 17 you will find that the use of sodium hydroxide in glycerine is recommended. This should be deleted. On page 13 you will find something about the use of solvents (kerosene and gasoline, etc.) for the removal of vesicant agents. The use of such solvents is not recommended in the newest literature of the O.C.D.

In the manuals "Decontamination Squads" and "Protection Against Gas" you will find a diagram representing a floor plan of a decontamination station, a structure we now call a cleansing station. Owing to the fact that our thinking with reference to cleansing stations has been radically changed in recent months, I would caution you against paying much attention to this diagram. Mr. Cary will talk to you in some detail about our present views regarding the purpose, arrangement and structure of cleansing stations. At a later period I will discuss the problems related to the training of cleansing station personnel and the actual operation of the stations.



